

Requesting Medical Evacuation

OBJECTIVES:

- Discuss How to prepare a Medical Evacuation request via FM radio
- Discuss usage of Brevity codes
- Issues surrounding Medevacs in Training versus Theater operations.





Requesting Medical Evacuation (Cont'd)

■ OVERVIEW

- MEDEVAC and CASEVAC are two different terms.**
- MEDEVAC is the evacuation of casualties using a dedicated military medical vehicle (M997/M996 FLA, Air Ambulance)and Medical personnel are aboard to monitor casualty.**
- CASEVAC is the evacuation of casualties using non-medical vehicles. The units CLS may accompany the casualty on a CASEVAC to where the patient is going. (Example: 1SG's vehicle, CDR's Bradley, Supplies M113A3, or Maintenance HEMMNT).**

Requesting Medical Evacuation (Cont'd)

- A Medevac is transmitted over the SINGARS radio , on a dedicated frequency, requesting that medical evacuation take place to remove your casualty from the battlefield.
- A standard, special, pre-set format is already established by the medical community and used world-wide. So an RTO in Kabul, a Contractor on range Control in FT Drum, NY, and a Medic sending one from Baghdad will all be using the same format.
- The format request will dispatch either a wheeled or an air ambulance depending upon the location, distance, and mission make up.

Requesting Medical Evacuation (Cont'd)

- Sometimes a MEDEVAC/CASEVAC cannot be conducted due to Mission phase. Sometimes it will be impossible due to weather, or enemy fire to evacuate a casualty when requested. If this is the case, you as the CLS need to monitor and take care of the patient until the Command can evacuate the casualty.
- The Mission and the fighting does not stop due to an injury. *The Mission will always come first!!!*

Requesting Medical Evacuation (Cont'd)

▪ PROPER CLASSIFICATION

- Proper casualty classification is needed to ensure that the casualties get picked up in the right order.
- What you think is critical may not be critical compared to another casualty in another location with a more severe wound.
- (Example: You have a casualty who was in a vehicle roll-over, and has a broken leg, broken arm, and minor head wounds, but alert and oriented. In another location another casualty may have suffered an explosive IED, and has a traumatic amputation of the leg, and has lost blood, and needs surgery immediately.)
- SO CLASSIFY THEM CORRECTLY!!

Requesting Medical Evacuation (Cont'd)

- Over classification
- This is the Medic or the CLS' tendency to classify a wound as being more severe than it is, thereby causing an improper receiving of patients.
- Over classification has historically been, and IS still a continuing problem.

Requesting Medical Evacuation (Cont'd)

- **Preparing a MEDEVAC request**
 - **Each line has a number Brevity code**
 - **This keeps Medevac requests quick, thereby helping to clear the channel up for the next one coming in, and also to help reduce the chance of jamming by the enemy.**
 - **You should utilize “Breaks” after every line.**
 - **There are two formats. One for Peacetime and one for wartime. You’ll be taught the WARTIME one.**
 - **Before an Air Ambulance lifts off the ground or will launch, lines 1-5 must be transmitted. The rest can be transmitted to the ground or air ambulance while they are en-route if time/mission doesn’t permit.**

Requesting Medical Evacuation (Cont'd)

- “I have a MEDEVAC request . Over”
- “Unit on Medevac frequency stand by...Break...Unit on Medevac frequency send your request utilizing MEDEVAC format over.”
 - “Line 1.....”

Requesting Medical Evacuation (Cont'd)

- **Line 1 (Pickup Site)**
- A lot of times the grid coordinates where the incident occurs is given- as opposed to the place where the helicopter will land and pick up the patient (or where the FLA will meet up with the patrol)
- “Line 1: PY 93408765. I say again PY93408765. Break”
- (Example: An engineering unit is blowing up a bridge in the woods. A blasting cap goes off pre-maturely and amputates the hand of an engineer. A Medevac request is shot off using the locations grid co-ordinates. The nearest landing zone is 2 Klicks away. What do you do in this situation?)

Requesting Medical Evacuation (Cont'd)

- **Answer:**
- **As soon as you realize the mistake, contact the air ambulance via SINGARS and inform them of the change in Grid Co-ordinates. Send someone immediately to the LZ to set it up. Then package the patient and get there quickly- you have a bird enroute. If the area is a HOT area, he won't wait around for your casualty.**

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- Line 2 (Radio Frequency/Call Sign/Suffix)
- All of this Information can be obtained from your SOI/ANCD.
- “Line 2: This is W64M on 2-0-8-0-0. Break”
- This is needed because once you clear the MEDEVAC frequency, you will go back to your units frequency, and it is there that the air/ground ambulance will link up with you via SINGARS. Any additional information you think they need can be then given.
- This is also so that when the ambulance is approaching you it can verify to you what signal you are using. (For example if you pop smoke, they will call out the color. If that's not the color, you need to tell them to wave off, and not to land.)

Requesting Medical Evacuation (Cont'd)

- **Line 3 (#of Casualties by Precedence)**
- **"Line 3: 4 alpha- break. 2 Charlie- break"**
- (a) **URGENT**- Emergencies that need to be seen within 2 hours in order to save Life, Limb, or Eyesight.
- (b) **URGENT SURGICAL**- Emergency cases that need to be evacuated within 2 hours to the nearest surgical unit.
- (c) **PRIORITY**- Sick or wounded casualties that need to be evacuated within 4 hours or their medical condition will deteriorate and become an Urgent
- (d) **ROUTINE** - Sick or wounded casualties requiring evacuation, but whose condition is not expected to deteriorate significantly. They need evacuation in 24 hours.
- (e) **CONVENIENT** - Persons being evacuated for medical convenience rather than necessity. (example: A scheduled dental appointment, or Unit PA requests that the soldier be evacuated for follow up treatment).

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- **Line 4 (Special Equipment needed)**
- **"Line 4: 1 O2 bottle, 1 backboard, and 1 C-collar replacement. Break"**
- If there is no Brevity code, then use nomenclature and quantity.
 - (a) none
 - (b) Hoist
 - (c) Extraction equipment
 - (d) ventilator

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- **Line 5 (# of Casualties by Type)**
- (A)= # of Ambulatory (L)= # of Litter
- “Line 5: 3 Alpha and 3 Lima. Break”
- Based on the number of patients and their wounds. Determine which need to go on a litter, and which can be seated during the evacuation. This aids the Evacuation element in configuring the MEDEVAC asset correctly.
- This will also help them determine how many vehicles/helicopters to send to your site. There is nothing more frustrating than a wasted vehicle on a MEDEVAC- Someone else could have been evacuated in that vehicle.

Requesting Medical Evacuation (Cont'd)

■ Line 6: (Security of Pick up Site)

- “Line 6: X-ray. I repeat X-ray. Break”
- This again is METT-T driven, and the assessment will be given by your units leader. They will make the tactical assessment of the site based upon their evaluation of the situation.
- This information is critical in determining whether the Ambulance (air/ground) will need escorts to go along for security.
 - (N) No enemy troops in area
 - (P) Possibly enemy troops in area; approach with caution
 - (E) Enemy troops in area; approach with caution
 - (X) Enemy troops in area close by; armed escort required.

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- **Line 7 (Method of marking the LZ)**
- **Panels** (use orange side, and use NATO approved symbols)
- **Pyrotechnic signal** (e.g. Phosphorous grenade)
- **Smoke** (again ask Helicopter or FLA to identify the color used)
- **Signal person** (One soldier with a chemlight tied to 550 cord waving it in a circle over his head)
- **Signal lamp, flashlight, or vehicle lights** (extinguish these when vehicle gets near. It will “blind” them if they are in AN-NVG’s)
- **Open Flame** (Keep far away from the LZ, at the head or the base, but well away from where the vehicle will approach. Keep it downwind from the casualty as well.).
- **“Line 7: Smoke. Break”**

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- **Line 8 (Casualty Nationality and Status)**
- (a) United States Military
- (b) US Civilian
- (c) Military other than US Military
- (d) Civilian other than US Civilian
- (e) Enemy Prisoner of War (EPW)

- “Line 8: 4 alpha-break. 2 Echo-break.”

Requesting Medical Evacuation (Cont'd)

- Line 9 (NBC Contamination)
- N= Nuclear, B=Biological, C=Chemical
- CLS Book says that if there is no NBC contamination that this line is not transmitted. That is also a test question for this CLS course.
- HOWEVER It is always safe to make sure the party coming to get you 'knows' whether this is a Hot or Cold LZ they are flying into. The info CAN be transmitted at your discretion if it is cold.
- "Line 9: None. I say again: None. Break"

Requesting Medical Evacuation (Cont'd)

- “W64M, I acknowledge receipt of this MEDEVAC request as follows:
 - “Line 1: PY93408765 break
 - Line 2: W64M on 20800, break
 - Line 3: 4 alpha, 2 charlie, break
 - Line 4: 1 O2 bottle, 1 backboard, and 1 C-collar replacement. Break
 - Line 5: 3 alpha, 2 Lima break
 - Line 6: X-ray, I say again: X-ray. Break.
 - Line 7: Smoke. Break. MEDEVAC Helicopter will advise color upon approach break
 - Line 8: 4 alpha, 2 echo, break
 - Line 9: None. I say again: none. Break. IS this correct W64M?”
 - “Roger.”
 - W64M, you are directed to go back to your operating frequency of 20800 in the red, and await contact from approaching MEDEVAC helicopter. Be advised that there will be gunships following in escort, so keep your element together.
 - “Roger. W64M clear of this net. Out.”

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- At this time go back to your units frequency and be prepared to communicate with the approaching helicopter and any other escort elements they may have. Ensure that the LZ is being prepared, and then get the casualty ready for transport. We will cover that in the next module after we test out on this module.**

Requesting Medical Evacuation (Cont'd)

■ Transmitting Rules

- During wartime, brevity codes MUST be utilized.**
- No transmission unless the proper authority authorizes radio traffic**
- No violation of radio silence.**
- Unofficial conversation between operators**
- Transmission on a directed net without permission**
- Excessive tuning and testing**
- Transmission of the operator's personal sign or name (no usage of the phrase "Codename Jones")**
- Use of other than authorized prowrds**
- Profane, indecent, or foul language**